

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>1/21/2015</u>
Facility Name and Permit ID	<u>Watauga County Landclearing, 9502TP-TP-</u>
Applicant (Owner) Name	<u>Watauga County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input checked="" type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>N/A</u>
Permit Fee	<u>\$1250</u>
Date Application Received	<u>1/19/2016</u>
Contact Name, Title & Phone #	<u>Ms. Donna Watson, Administrative Assistant, (828) 264-5305</u>
Email Address	<u>donna.watson@watgov.org</u>
Company	<u>Watauga County</u>
911 Address	<u>336 Landfill Road</u>
Mailing Address	<u>Same as above</u>
City/State/Zip	<u>Boone, NC 28607</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other known names business has operated under	<u>N/A</u>
Known Counties of Operation	<u>Watauga</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSW, CD, TS, T&P</u> Permit #: <u>95-02 & 03</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	

PERMIT APPLICATION REVIEW TRACKING

Clock Start

Date Application Received	1/19/16
Application ID #	SW016-0004

Review Form Submission

Date Application Review Form Submitted	1/21/16
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>
Submitted to Compliance Officer	Yes <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>

Accounting Clock

Invoice Date	1/21/16	# of Days
Deposit Date	2/9/16	19

CHR Clock

CHR Complete	Yes <input checked="" type="checkbox"/>	2/24/16
--------------	---	---------

Application Review Clock

Completeness Determination Letter - Incomplete		
Completeness Determination Letter - Complete	3/15/16	56
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1		# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued	4/14/16	86